PART B - FEE(S) TRANSMITTAL

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Stephen J. Brown Bryan Cave 1290 Avenue of th 33rd Floor		2009				ertify that th al Service w to the Mail I to the USP	is Fee(s) Tra vith sufficien Stop ISSUI TO (571) 273		mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
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	dence address (or Chai	ige of Co	orrespondence	(1) the names of up to 3 registered patent attorneys l or agents OR, alternatively,					
	☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME ANI	D RESIDENCE DATA	то ве	PRINTED ON	THE PATENT (print o	or type)				
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Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies3			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4467 (enclose an extra copy of this form).						
5. Change in Entity Status	s (from status indicated	above)			-				
a. Applicant claims S				b. Applicant is no	_	·			•
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Authorized Signature	Elm Ir	5	u		D	_{ale} Oct	ober 1	9, 2009	
Typed or printed name _	Eileen M.	Ebe	1	······································	Re	egistration N	Io. 37,	316	
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Viry Alexandria, Virginia 22313 Under the Paperwork Redu	ginia 22313-1450. DO -1450.	NOI SI	END FEES OK	COMPLETED FORM	2 10 1HIS	ADDRESS	s. SEND 10:	Commissioner	for Patents, P.O. Box 1450

ART B - FEE(S) TRANSMITTAL

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FIRST NAMED INVENTOR

Moshe Abraham

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Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

or Fax

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07/20/2009

FILING DATE

08/08/2007

Stephen J. Brown Bryan Cave 1290 Avenue of the Americas 33rd Floor New York, NY 10104-3300

APPLICATION NO.

10/591,937

Authorized Signature

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(Depositor's name)		bel	M. El	Eileen 1	
(Signature)	ا ا	911	ha	Tilim	
(Date)		2009	19,	October	

ATTORNEY DOCKET NO.

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CONFIRMATION NO

4522

APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$755 \$300 \$0 \$1055 10/20/2009 EXAMINER ART UNIT CLASS-SUBCLASS TOLAN, EDWARD THOMAS 3725 470-185000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address or PTO/SB1/22) attached. Change of correspondence address (or Change of Correspondence Address or PTO/SB1/22) attached. (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) 3. A check is enclosed. 3. A check is enclosed. 3. A check is enclosed. 3. A paylicant claims SMALL ENTITY status. See 37 CFR 1.27. 3. A paylicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.	TITLE OF INVENTION	N: TOOL FOR REPAIRI	NG DAMAGED SCREV	V THREADS						
EXAMINER ART UNIT CLASS-SUBCLASS TOLAN, EDWARD THOMAS 3725 470-185000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address' indication form PTO/SB/122) attached. "Fee Address' indication form PTO/SB/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 4a. The following fee(s) are submitted: 3 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies3 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4457 (enc	APPLN. TYPE	APPLN. TYPE SMALL ENTITY ISSUE FEE DUE		PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE			
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<u>37,316</u>

2009

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